

Case Number:	CM15-0117404		
Date Assigned:	06/25/2015	Date of Injury:	07/14/2010
Decision Date:	07/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female who sustained an industrial injury on 07/14/2010. Mechanism of injury occurred while she was a bus driver and the panels above in the bus landed on her head and she subsequently experienced pain and pain extending into the shoulder and into her arms all the way to her fingers. Diagnoses include degenerative joint disease of the cervical spine; C4-6 documented disc herniation with mild central stenosis and foraminal stenosis and C4-5 spondylosis and left shoulder impingement. She has previous industrial injuries to her low back over 20 years ago, left hand approximately 10 years ago, and a right hand injury about 10 years ago. Treatment to date has included diagnostic studies, medications, physical therapy, and chiropractic services. She takes Norco for pain. An unofficial report of an Magnetic Resonance Imaging of the cervical spine done on 09/05/2014 which showed multilevel degenerative disc disease with mild to moderate spinal stenosis with effacement of cerebral spinal fluid from the thecal sac, but no significant cord impression. An unofficial report of an Electromyography of both upper extremities showed mild right carpal tunnel syndrome and a probable very mild left carpal tunnel syndrome. A physician progress note dated 04/15/2015 documents the injured worker has pain extending for her neck and her arms. In particular she has pain that extends into both shoulders and it travels into her fingers. Surgery has been recommended but she has decided to wait. The severity of her pain is severe and it occurs nearly constantly. She rates her pain a 7 out of 10 on a scale of 0 to 10. She also has pain and weakness in her upper and lower extremities. On examination her right shoulder is painful with movement with flexion beyond 170 degrees and abduction beyond 175 degrees. Her left shoulder has tenderness to palpation in

the biceps groove, subdeltoid bursa and left trapezius. The cervical spine range of motion is restricted and painful. She has muscle spasms and tenderness on both sides. Treatment requested is for ACUP Acupuncture x 8 sessions - cervical spine and cervical paracervical muscles and bilateral trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUP Acupuncture x 8 sessions - cervical spine and cervical paracervical muscles and bilateral trapezius: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.